



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
000127609	SwimEx, Inc.	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Tanisha Mueller-Hawthorne

Business Name: Registered Agents Inc

No. and Street: 784 S Clearwater Loop

City or Town: Post Falls

State: ID

Zip: 83854

Country: USA

Contact Phone: (307)200-2803 ext:

Contact Email: eastern@registeredagentsinc.com